

Evidence of Coverage
Permitted Changes by CMS for contract year 2006

The following changes can be made to the EOC without impacting its status as a model EOC subject to a 10-day and/or 45-day review

- MAOs offering HMO and PPO plans may remove sections regarding PCP selection throughout the EOC document, if it is not applicable to their plans
- MAOs with delegated services may replace model terms such as “us” and “we” with the vendor name when referring to the contracted service.
- MAOs may list an additional phone number for the Coverage of Determination Department if it is different than the Customer Service number
- MAOs may reference page numbers where members can find customer service numbers/hours of operations, rather than follow the model language of listing out the number throughout the model EOC
- MAOs may list the name of their organization next to “Member Services” rather than list the plan name
- MA-only plans may remove sections regarding Part-D (Parts of Sections 4, 6 and 12), and still be considered as a model (10-day review). CMS will also allow plans to remove references to Sections 4, 6, and 12, and allow plans to renumber remaining sections
- When using a non-model EOC, the MAO must have all the required sections of the EOC but may alter the order in which they appear. When submitting non-model EOCs, MAOs must also submit an EOC checklist.
- MAOs may remove premium information and include an insert with the different premium amounts relevant to the specific plan. Again, this will only be allowed if it does not appear confusing to the enrollee.
- Under limited circumstances, MAOs with multiple MA or MA-PD plans (HMO and/or PPO) may create an EOC for all of the plans. However, CMS will carefully review any such combined EOCs under the 45-day timeframe and only approve it if CMS determines that the plan differences

(in the combined EOC) will not prove to be confusing for enrollees of the different plans.

- MAOs with MA and MA-PD plans may create a single EOC containing both plans, but only if the benefits package is identical and the service areas are the same. In such combined EOCs, MAOs would need to indicate that Sections 6, 12, and parts of Section 4 are only applicable to the MA-PD plan.

CMS General Guidance

- HPMS no longer accepts material ID names containing hyphens.
- The EOC must be received by the member no later than January 31, 2006 (not February 1, 2006) for the open enrollment period, and annually thereafter.
- In the Cost Plan EOC model, the timeframe for “fast decisions” in Section 11 (top of page 87) is inaccurately written as 30 calendar days. The timeframe should state 72 hours.
- Currently, there is no model EOC available for PFFS.
- The deadline for model EOC submission is December 1, 2005 for approval to ROs. The deadline for submissions of EOCs non-model was November 15, 2005.
- Value-added services do not meet CMS’ definition of “benefits,” and thus should not be included in the EOC.
- MAOs with no deductible, coinsurance, or copays should place “\$0” in the placeholders rather than remove the statements in order to be considered model.